

Please type a plus sign (+) inside this box →

PTO/SB/05 (11-00)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 0275Y-000536

First Inventor John Curtsinger

Title METHOD AND APPARATUS TO PROTECT SAW BLADE TIPS

Express Mail Label No. EL 623595879US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 46]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## ACCOMPANYING APPLICATIONS PARTS

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies
9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: combined Declaration & Power of Attorney

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_ / \_\_\_\_

Prior application information: Examiner \_\_\_\_

Group / Art Unit: \_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



27572

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name Harness, Dickey & Pierce, P.L.C.

Address P.O. Box 828

City Bloomfield Hills

State

MI

Zip Code

48303

Country United States of America

Telephone

248-641-1600

Fax

248-641-0270

Name (Print/Type)

Jeffrey H. Urian

Registration No. (Attorney/Agent)

46,232

Signature

*JHU*

Date

11-30-2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

**FEE TRANSMITTAL  
for FY 2002**


Patent fees are subject to annual revision.

**Complete if Known****TOTAL AMOUNT OF PAYMENT** (\$) 1806

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	John Curtsinger
Examiner Name	Not Yet Assigned
Group / Art Unit	Unknown
Attorney Docket No.	0275Y-000536

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
<b>1. <input checked="" type="checkbox"/></b> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 02-2548  Deposit Account Name: Black & Decker (U.S.) Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
<b>2. <input type="checkbox"/></b> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	740
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$) 740</b>
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	Extra Claims	Fee from below	Fee Paid
63 -20 ** = 43	X 18	= 774	
Independent Claims	3 -3 ** = 3	X 84	= 252
Multiple Dependent	X	= 0	
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2)</b>			<b>(\$) 1026</b>
**or number previously paid, if greater; For Reissues, see above			
		<b>Other fee (specify)</b> _____	
		<b>*Reduced by Basic Filing Fee Paid</b>	
		<b>SUBTOTAL (3)</b>	
		<b>(\$) 40</b>	

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Jeffrey H. Brian	Registration No. Attorney/Agent)	46,232	Telephone	248-641-1600
Signature				Date	11-30-2001

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.